

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1126

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 2310)

Registration District No. 309

Primary Registration District No. 100

File No. _____
Registered No. 164
St. _____ Ward _____

2. FULL NAME

Justa A. Garcia
(a) Residence No. 2310 1/2 Monitor Place St. Ward 3
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Mexican

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Ambrosio Garcia

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

About 38

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

At home

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Lerdo Durango, Mexico

10. NAME OF FATHER

Louis Alvarez

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Lerdo Durango, Mexico

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Lerdo Durango, Mexico

14.

INFORMANT

(Address)

Ambrosio Garcia
2310 1/2 Monitor Place

15.

FILED

Jan 16, 1932

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan. 15 - 1932

I HEREBY CERTIFY, That I attended deceased from Jan 11, 1932 to Jan 15, 1932, that I last saw her alive on Jan 11, 1932, and that death occurred, on the date stated above, at 11:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Cervix

CONTRIBUTORY (SECONDARY)

Anemia (duration) 1 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

0 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Microscopic Ex.
Special
Jan 17, 1932 (Address) 2037 Broadway

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Maple Hill Cemetery Jan 16 - 1932

20. UNDERTAKER

ADDRESS

Daniel Bues 444 Thompson

1647

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

